



INSTRUCTIONS FOR APPLICATION FOR HCBS RENT SUBSIDY

Thank you for applying for the Home and Community Based Services (HCBS) Rent Subsidy Program. These instructions are provided to assist you in completing the Application for HCBS Rent Subsidy.

In order to determine eligibility, Iowa Finance Authority (IFA) must receive a complete application. A complete application includes the following:

- ☒ A completed, signed copy of the "Application for HCBS Rent Subsidy"
- ☒ Documentation that verifies the applicant's monthly income*
- ☒ A signed copy of the current lease agreement, showing the applicant's name, number of bedrooms and amount of rent for the entire unit**
- ☒ Documentation that the applicant has applied to other rental assistance programs available in the community, specifically and foremost the Section 8 Housing Choice Voucher Program, and that it has been determined the applicant was not eligible or was placed on a waiting list***

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1. Place an ☐ or ☒ to designate if the application is a New Application, Annual Renewal or Change of Information.

- **New Application:** Must be submitted if the applicant is not currently receiving rent subsidy or the subsidy has lapsed without renewal. A complete application (plus all attachments) must be submitted.
- **Annual Renewal:** The renewal or "redetermination of eligibility" is completed at least once every 12 months to maintain ongoing eligibility for the program. A complete application must be submitted.
- **Change of Information:** Once an applicant receives HCBS rent subsidy, a change in any of the information included on the application must be reported to the HCBS Rent Subsidy Program within 10 working days. When submitting the Change of Information application, list the applicant's first and last name as well as any information that has been changed from the most recent application. The first "Declarations" Section on page 3 must also be completed. The second one needs to be completed only if there is a change regarding the person responsible for overpayments.

2. **Applicant Information:** List the information for the applicant.

3. **Income Information for the Next 12 Months:** List the **monthly** income expected for the next 12 months for the applicant. Documentation that verifies this amount must be submitted as an attachment.*
4. **Rental Unit Information:**
 - a. List the date the applicant moved into the rental unit.
 - b. List the total monthly rent for the rental unit.
 - c. List the number of bedrooms specified on the lease. If the number of bedrooms is not listed, put the number of bedrooms a prudent person would recognize as bedrooms.
 - d. List the number of qualified dependents. A dependent relative may be the applicant's spouse, parent or child. The dependent relative must be both financially dependent on the applicant and living with the applicant.
5. **HCBS Waiver Information:** Mark Yes or No to each of the two questions. You do NOT need to list the name of the HCBS waiver the applicant participates in.
6. **Case Manager Contact Information:** List the information for the case manager. In the case of the Elderly Waiver, list the name of the primary case manager.

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7. **Legal Guardian Information:** List the information for the legal guardian, if applicable. Legal verification of guardianship or Power of Attorney **may** be required.
8. **Correspondence Directed To:** All correspondence will be sent to the applicant, but please mark whether the correspondence regarding HCBS rent subsidy should also go to the legal guardian, case manager and/or the representative payee. Examples of correspondence include the initial approval or denial letter, renewal notice, change of policy, etc. Also, **if the recipient will receive payments by direct deposit**, please mark one person who should receive an e-mail each month telling when the payments have been released, and provide the e-mail address and phone number if not already included elsewhere on the application.
9. **Payee Information:** List the information of the representative payee or conservator. If a payee is not listed, the subsidy payment will be sent to the applicant. The payment must be sent to the applicant, his/her legal guardian, or appointed representative payee. The subsidy will not be sent to a landlord or service provider, unless that person is also the legal guardian or representative payee.
10. **Previous Subsidy Information:** Please respond to the question and provide explanation if needed.

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11. **Declarations:** Attach the listed documents and read both statements. Sign and date both sections, and specify the relationship the applicant has to the person signing the application.
12. **Electronic Funds Transfer Information:**
 - a. List the routing transit number for the applicant or the representative payee:
 - i. Must be nine digits.
 - ii. First two digits must be 01 through 12 OR 21 through 32
 - iii. Checking: Listed on your check or deposit slip
 - iv. Savings: Contact your financial institution
 - b. List the account number for the checking or savings account
 - i. Can be up to 17 characters (can include both letters and numbers)
 - ii. Include hyphens but omit spaces and special symbols
 - iii. Enter the number from left to right
- iv. **DO NOT INCLUDE THE CHECK NUMBER!**

The diagram shows a check with the following details:

- Account Holder Name:** Jane Q. Smith, 222 NW Glastonbury, CL, Portland, Oregon 97200
- Check #:** 1001
- Pay to:** _____
- Bank Routing Number:** 184002763
- Checking Account Number:** 14570720
- Check Number:** 1001

Callouts explain the MICR line components:

- The Routing Number appears between these symbols.** (Points to the routing number 184002763)
- The Account Number appears before this symbol** (Points to the account number 14570720)
- Sometimes the check number appears between the routing and account numbers. DO NOT INCLUDE IT** (Points to the check number 1001)

You **may** include a **voided** copy of a check or deposit slip with the application, but this is not required.

Attachments to Application or Renewal for HCBS Rent Subsidy

*** Documentation that verifies the applicant's monthly income:**

Examples include Social Security letter, pay stubs from the last three months, bank statements, pension statements. If amounts differ from amount listed on the application, explain why (reduced # of work hours, pension ended, etc.)

****Current copy of signed lease agreement** stating how many people live in the unit, the total monthly rent paid for the entire unit, and the number of bedrooms in the dwelling unit, with the applicant's name on the lease, and signed by the applicant or legal guardian.

***** Documentation that the applicant has applied to other rental assistance programs** available in the community, specifically the Section 8 Housing Choice Voucher Program, and that it has been determined the applicant was not eligible or was placed on a waiting list.

The following will serve as proof that you are attempting to obtain another type of rent subsidy:

1. Copies of ongoing correspondence with the Public Housing Authority (PHA) (dated within the last year)
2. Notice from PHA that you have been placed on a waiting list with the approximate wait time provided
 - a. Call during annual renewal to determine if you (your family) remains on the waiting list
 - b. Note the answer, the name of the person to whom you spoke, date and time of call, and attach to copy of wait list letter
 - c. If you find you have been dropped from wait list, reapply for rent subsidy
3. Notice from PHA that waiting list is closed

If the waiting list opens, the applicant or their representative is expected to submit an application during the time period when the PHA accepts applications.

PLEASE NOTE: If the applicant obtains eligibility for any other local, state or federal rent subsidy, IFA must be notified within 10 working days. The HCBS rent subsidy is a temporary subsidy and is only available to the applicant until such time that the applicant becomes eligible for any other local, state or federal rent subsidy.